Challenge TB - Cambodia

Year 1

Quarterly Monitoring Report

April – June 2015

Submission date: July 30, 2015

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Cover photo: *Semi Active Case Finding among Elderly in Prey Romeat Pagoda, Kampong Speu province (Credit: Ngo Menghak)*

1. Quarterly Overview

Country	Cambodia
Lead Partner	FHI 360
Other partners	WHO and MSH
Workplan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

Most significant achievements:

I. SEMI ACTIVE CASE FINDING

A major focus of CTB in Cambodia will be to address the key epidemiologic finding of increased TB prevalence and mortality among older Cambodians. Semi Active Case-finding activities which is also called "Enhance Case Finding" were conducted among elderly Cambodians visiting three pagodas in the province of Kampong Speu. Health Center (HC) staff and Village Health Support Group (VHSG) went together early in the morning to pagoda during holy days to screen elderly and monks for TB and collected their sputum. Rather than referring elderly individuals to distant TB screening centers, sputum samples were collected on-site and transported to laboratory centers for Xpert test or HCs for smear microscopy where Xpert is not available. In June alone, approximately 184 elderly including monks and Ajars were screened for TB symptoms, of which 71% (124/184) had at least one symptom suggestive of TB. Even among this initial small screening sample, 2 cases of active TB were identified (1.6%) with bacteriologically confirmed smear positive TB. Others with strong suggestion of TB by symptoms (but not sputum smear positive) were referred to RH for further evaluation, and results are pending from these.

II. CONTACT INVESTIGATION

Contact investigation tools were developed and introduced to **352 HCs** under the support of Challenge TB. HC staff records the names of bacteriologically confirmed TB patients in the contact investigation forms and provides them to Village Health Support Groups (VHSG) at the respective villages. VHSGs contact people (household and neighbor) who are close contact with index, register them in the record forms and refer them to HC for TB screening. As the activity has just begun, the data of contact investigation will be reported in next quarter.

III. HOSPITAL ENGAGEMENT

In collaboration with CENAT and the Cambodia Preventive Medicine Department (PMD), CTB conducted assessment of five referral hospitals namely Sampov Meas, Battambang, Moung Rusey, Kampong Speu and Korng Pisey RH. The objectives of this assessment were to observe the current practice of TB screening among presumptive TB cases, inter-departmental referral system, diagnosis and treatment practice and to find key obstacles and areas for improvement. We found that **TB knowledge** among health care providers outside the TB department is poor and, in fact, most could not recall all four TB symptoms. **Diagnostic tools:** Three RHs (Battambang, Sampov Meas and Kampong Speu) have smear microscopy, functioning X-ray machine and X-pert on site while two RHs (Moung Rusey and Korng Pisey) have smear microscopy and X-ray machine. In addition, Battambang RH is able to perform TB culture. Quality of performance is still a concern. **Infection Control:** the infection control in Lab in Battambang is good with good guideline of operation. Cough triage has not been implemented at all OPD of all RHs. Fortunately, the waiting rooms at OPD are in the open air and with great airflow. In inpatient Departments, once patients are diagnosed with TB they are referred to the B ward but prior to this, they are mixed in with all other inpatients. There are sufficient open windows for airflow in IPD. **M&E:** The assessment

found that when a presumptive TB case was identified and referred to the TB ward, no documentation and feedback system to referee, and no communication between wards. Registration was not well promptly completed resulting in delay in provision of diagnostic results and start of treatment.

Hospital are assumed to be an important entry point for patients to get diagnosed and treated for TB, but the quality of care and linkage with the NTP system is problematic. FAST "Find Actively, Separate Safely and Treat" strategy is implemented in those five referral hospitals. Cough patients are separated and provided with masks. All presumptive TB patients are referred to TB ward for further diagnosis. During June, 635 (4.3%) of the total 14,607 patients presenting to the outpatient and inpatient departments in the five hospitals had at least one TB symptom and were referred to the TB unit of the hospitals. Of those, 218 (34.3%) were diagnosed with TB and all received TB treatment.

IV. ACTIVE CASE FINDING IN PRISON

Challenge TB supported CENAT as they conducted Active Case Finding (ACF) among inmates and prison staff using Chest X-Ray and Xpert in 6 prisons (Correct Center 3, Kampong Cham, Kampong Speu, Takeo, Kandal and Prey Veng). The algorithm used by CENAT started with CXR screening of on all prisoners regardless of TB symptoms. When there was an abnormal CXR, sputum was taken for Xpert testing. There were 4,429 inmates screened by CXR in period of June 2015. Among those 12.7% (563) had abnormal CXR and 36% (203) were identified as TB suspects. Of those, 27% (55) were diagnosed with TB and are getting TB treatment – 45% (25) are bacteriologically confimed positive. Based on the finding, case notification rate for TB for forms for inmates in the 6 prisons is estimated at 1,241 per 100,000, 3 times higher than case notification rate in general population (400/100,000 in 2013). We recognize that the methodology is imperfect and represents a minimum estimate of TB prevalence because individuals with symptoms, but normal CXRs, were not sputum tested, and because of the limitations on sensitivity using the current Xpert cartridges.

V. TB RECORDING AND REPORTING SYSTEM (E-TB MANAGER)

After several months of consideration, CENAT has decided to take the e-TB manager, an electronic data base system currently being deployed for MDR TB management, to use for both drug susceptible and MDR TB. Health Information, policy and Advocacy (HIPA), USAID funded project through Futures group, has a mandate to take over and further customize the system for the recording and reporting of both DS and MDR TB patients from 1 Oct 2015 onward. CTB partner MSH will work with CENAT and HIPA to ensure a smooth transition but will not receive ongoing funding for supporting the system beyond October 2015

VI. TRAININGS

The CTB team in Cambodia recognizes that repetitive trainings are not an effective use of precious resources. However, in this first year of CTB, **refresher trainings** were considered necessary for health care providers at referral hospitals (RH) and health centers (HC) because of the gap between TB CARE I and CTB and Empowerment Community for Health, an USAID funded project, and significant staff turnover. At RH level, trainings were provided to 22 RHs in 10 provinces focused on TB management, treatment, data recording system and referral linkages. A total of **225** RH staff from OPD, radiology, pediatric and TB units and PHD TB supervisors participated in the trainings. The trainings were interactive included cases studies and focused on clinical practices and case management. At the HC level, refresher trainings focused on **contact investigation and semi active case finding** were conducted for **692 HC staff** from **352** health centers. At community level, **refresher training** were also conducted **to 3,461** VHSGs from **1,828 villages** in **157 HCs**. The trainings focused on the use of contact screening form, roles of VHSGs to refer TB close contacts to health centers for

TB screening, diagnosis and IPT services. CENAT staff, PHD TB supervisor, OD TB supervisors, and/or FHI 360 technical staff conducted 350 on-site monitoring support visit to ensure **the quality of trainings.**

Technical/administrative challenges and actions to overcome them:

The quality of diagnosis of childhood TB has been a concern in Cambodia. The proportion of TB among children was high, over 27% of all cases in some provinces, leading to speculation that there is over diagnosis and treatment in some cases, alongside missed cases in other situations. WHO, a key CTB partner, and FHI 360 conducted monitoring visits to 10 referral hospitals to identify the problem, and the reasons for low quality of diagnosis. Through the observation, the clinical knowledge of health care providers is low, difficulty to understand the treatment algorithm and poor recording of patient's clinical record forms. To address that issue, CTB team had conducted trainings and on-site coaching for health care providers and ensure TB diagnosis is correctly performed.

Mortality rates due to TB has become a critical outcome indicators for the Global Fund. It was presumed that TB patients are more likely to die at hospital. However, recent analyses show that health care providers are not using international formats for medical certification of cause of deaths and in addition, community councils do not classify mortality data by cause. Through our WHO partner, CTB is supporting an effort to improve this situation by drafting a concept note with CENAT and Global Fund to strengthen the accuracy of recorded cause of mortality and subsequent data analysis.

One position on laboratory is still in vacant. It was difficult to find a qualified laboratory staff to meet the requirement. The project had advertised three times via a wide coverage local news agent such as Cambodia Daily, a recruitment network, bangTHOM and HIV/AIDS Coordinating Committee networks. The interview was done but one qualified interview was done. Among those, one candidate was qualified but he declined after the offer.

2. Year 1 activity progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Urban strategy: Assessment of PPM strategy to measure impact on case detection from private sector	**1.1.1**	Engage relevant partners and CENAT to develop the assessment protocol	Draft the assessment protocol and submit for local ethical approval	Protocol approved, data collection done and data analyzed	**- Not accomplished**: - An assessment protocol was not drafted as need to await for the final previous PPM assessment under TBCARE I.	**Not met**	- PPM assessment report conducted under TBCARE I will be finished in early Aug 2015. Based on report, assessment protocol be developed, finalized by and submitted to Ethics review and approval.
Urban strategy: Refine the PPM approach to improve referrals from the private sector with the goal to increase TB case detection	**1.1.2**	Initiate the discussion with CENAT and URC's ASSIST project to review PPM strategy and revise it based on previous performance	Continue current PPM intervention (training of private providers, referral strategy to improve tracking of presumptive TB cases).	Review data from PPM sites and refine strategy, meeting with CENAT and stakeholders	**- Not accomplished:** - Discussion with URC's ASSIST project was done and also with the department of hospital, ministry of health, to collect information for the design of the PPM program.	**Partially met**	- PPM strategy will be developed after the PPM assessment report had done.

Sub-objective 2. Comprehensive, high quality diagnostics							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met,**	**Remarks (reason for not meeting milestone or other key**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		

						partially, not met)	information)
Provide TA to the national level in development of laboratory guideline and algorithm, coaching support to lab technicians on culture and DST and molecular diagnosis via Xpert	**2.2.1**	- participate in TWG on lab and support the development of lab guideline and algorithm - coaching on daily basis to lab technicians at CENAT on liquid culture and DST	- Draft SOP for laboratory guideline and algorithm, review with CENAT lab director and technicians	Lab guideline will be finalized and submitted for approval	- **Accomplished:** WHO's Laboratory Officer, as CTB partner, continued to provide on-site coaching to laboratory sites and guide on all laboratory matters. Draft SOP on Essential TB laboratory including smear microscopy, expert MTB/RIF, culture, and DST was still continued in the review process.	**Met**	
Provide TA to the lab at national, provincial and OD levels to ensure the quality of smear microscopy preparation and reading	**2.2.2**	- In collaboration with CENAT TB lab director and team, ensure that EQA conducted on a regular basis: following SOP and schedule that is distributed to all participating labs - perform on site coaching at reference lab to ensure the sufficient knowledge of smear preparation and reading	- provide on-site mentoring to update knowledge and skills of lab technicians - Review and revise (if needed) EQA SOP and ensure it is being utilized at provincial and OD levels	- Follow EQA protocol for slide review to assess the quality and address issues	**- Accomplished:** on site monitoring laboratories in 3 provinces: kampong Thom, Pursat and Kampong Chhnang provinces have been conducted and provided them knowledge on sputum collection, smear making, smear staining and examining. EQA for smear microscopy was conducted on according to standard operating procedure. **- Accomplished:** Existing national EQA guideline was reviewed for adherence to WHO's standards on EQA. Gaps were identified. Lab Technical Working Group at CENAT realized that if the guideline is revised according to the recommendation of WHO based on positivity rate, it requires more budget to implement, to have orientation training to laboratory	**Met**	

					staff and increase staff workload capacity. So they decide to keep as the current version for this year.		
Improve the operation and performance quality of Xpert machines.	2.4.1	- coaching support on operation to Xpert machines at the CTB supported sites - provide on-site training to lab technicians on the operation, maintaining and basic fixing if possible.	- develop a simple operation instruction to operate and maintain the machines, using the manufacturer's guideline and customizing for Cambodia context (e.g., Xpert machines on mobile vans, etc.)	- Enforce system to avoid stock out of cartridge - the developed operation instruction distributed to lab technicians and used	**- Accomplished:** there are 30 machines in Cambodia and WHO's staff is supporting on training, monitoring and facilitating for whenever problem occurs. Xpert MTB/RIF SOP is drafted and being translated. CENAT has already procured 10 modules for replacement with a 1 year warranty. . WHO's staff will do the replacement and monitor them. - Operations manual on Xpert is being translated and shared with sub TWG for lab for further inputs.	Met	

Sub-objective 3. Patient-centered care and treatment							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Elderly: Semi Active Case Finding (ACF)	3.1.1	- 25 OD and 5 RH sub-contracts finalized and signed - training curriculum for CTB strategy refined.	- CTB strategy implemented. - Semi active case finding implemented	- Semi active case finding implemented	**- Accomplished:** - Subgrants with 15 provincial health departments were signed (25 operational districts, 10 prisons and five hospitals were included in it). - Training materials for VHSGs/Ajar were defined and finalized. Description of semi	**Met**	

					active case finding approach developed and shared with the mission and CENAT. - Semi-Active Case finding was implemented in pagodas.		
Elderly strategy	**3.1.2**	- Standardize the model of semi active case finding, - Training curriculum on TB for Ajar/Akim developed - 62 training sessions to (1 training per HC) VHSG, school teachers and Ajar/Akim conducted (Integrated training with Childhood TB)	- 10% (16 HC) of HC identified as rural, poor with low number of TB case notification performed semi ACF - 100 additional training sessions to (1 training per HC) VHSG, school teacher and Ajar/Akim conducted (Integrated training with Childhood TB).	- Expand coverage to 35% (56 HC) of HCs will performed semi ACF	**- Accomplished:** - Training for VHSG/Ajar for Semi ACF were organized. All VHSG under 162 HC were trained. - Semi Active Case Finding was conducted in three out of 16 HCs (18%) . - 157 trainings for VHSG for Semi ACF and contact investigation were conducted. 3,461 VHSGs under 157 HC were trained on Semi ACF and contact investigation.	**Partially met**	VHSG and HC staff just received the trainings. As this is a new approach, technical assistance is needed to demonstrate as a model to roll out. It requires time to plan together to conduct the activities. The ACF will be implemented in all remained HCs next quarter.
Childhood TB: Strategy, training and measuring impact and preparation for scale-up	**3.1.3**	-Training curriculum for childhood TB refined - Activities implemented in 21 ODs which covers 345 HCs	- activity implemented in 25 OD which covers 411 HCs (100% of target)	- Maintain the coverage in all 411 HCs and continue collaboration with RACHA (USAID ECH project) to discuss transition plans for Year 2	**Accomplished:** - Trainings for referral hospitals, health center and VHSG were conducted in all 25 ODs, 352 HC. - TB screening among children who are close contact to TB patients at community has been conducted and those who are suspected have been referred to HC or RH for diagnosis and treatment.	**Partially met**	352 out of 411 HCs were covered , the rest will be covered in quarter 4

Childhood TB: training and measuring impact and preparation for scale-up	**3.1.4**	- 4,998 villages will be covered -10 refresher training on childhood TB for HC staff conducted (at OD level) includes 16 ODs where implemented only childhood TB activities	- Additional 778 villages covered (reaching 100% target), 5,776 villages) - Additional 15 training sessions conducted for HC staff at OD level.	- Assessment of cost-effectiveness of strategy for prevention, diagnosis and treatment of childhood TB, in preparation for scaling up and adoption into health policy.	- **Accomplished:** - Trainings on Childhood TB were conducted in 22 out of 24 RHs and 352 out of 411 HCs. - Childhood TB activities: In 80% of the targeted villages, screening among children who were close contact to TB patients and those who are suspected of TB have been referred to HC or RH for diagnosis and treatment.	**Partially met**	The activity is new to some HC staff and VHSG. CTB staff need to train them and demonstrate them on procedure of contact investigation. This activity will be covered all villages next quarter.
CTB Hospital strategy: Develop and implement CTB hospital engagement with the primary purpose to improve TB case finding among risk groups	**3.1.5**	- SOP developed and implemented in all 5 CTB hospitals - 5 hospitals implementing the hospital strategy - Monitoring tools and system developed	- Infection control interventions (administrative) developed and implemented -- cough triage for waiting area and referral for TB diagnosis	- 5 hospitals continue implementing activity - each departments of hospital refer presumptive TB patients for TB diagnosis and treatment	**- Accomplished:** - SOP for Hospital Engagement was in draft and monitoring tools were already developed. - Activities have been implemented in those 5 hospitals. **- Accomplished:** - Cough triage in out-patients consultation has been implemented in five referral hospitals in 3 provinces.	**Met**	
Prison TB strategy	**3.2.1**	- Review the existing SOP for 10 prisons currently implementing TB control activities (CTB) - Coordination with stakeholders and CENAT on standardization of activity	- Data tracked for numbers screened, diagnosed, referred for treatment (upon discharge)	- Discussion with national TB program and General Department of prison on programmatic transition to 22 main prisons in country (those with high numbers of	**- Accomplished:** - SOP for TB in prison is in final draft. **- Accomplished:** - Coordination meeting with stakeholders and CENAT was held to standardize the activities. - Active Case Finding in 5 prisons has been implemented during this quarter and will be completed in end of Jul.	**Met**	

				inmates) and eventually to all 27 prisons in the country			
Prison TB strategy	**3.2.2**	- Tracking system developed for TB inmates/prisons released from prisons - systematic screening for the new inmates developed	- Tracking system implemented in 10 supported prisons - systematic screening for the new inmates implemented - Monitor the progress of the system	- Continue the implementation - Assessment of the tracking system and systematic screening	**- Accomplished:** - Tracking system for released TB inmates was developed. - Systematic screening for the inmates developed which includes at entry and on exit/release. In addition to entry and exit screening, a system is currently implemented for annual CXR and Xpert evaluation for symptomatic and asymptomatic inmates **- Accomplished:** - Systematic screening for the new inmates developed and implemented.	**Met**	

Sub-objective 4. Targeted screening for active TB							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Rural strategy: Implementation of household contact investigation	**4.1.1**	- 162 HC implement contact investigation - Tracking referral system and monitor the progress of	- Monitor numbers of cases diagnosed in 162 HCs; numbers of contacts screened and referred; numbers of TB (smear negative	- 162 HCs implemented contact investigation protocol; - Documentation of CTB protocol and efficacy for	**- Accomplished**: contact investigation tool/form was developed and introduced to 152 HCs out of 162 HCs (93%). Contact investigation was conducted and data will be collected and reported in the next quarter.	**Met**	

		activity	and positive) diagnosed	improving case finding			
Rural strategy: Contact investigation among children under 15	**4.1.2**	- 2,287 villages implemented contact investigation - Training curriculum and algorithm of contact investigation developed for CDOTs volunteer, HC and OD staff	- 5,776 villages implemented contact investigation	- Contact investigation implemented and monitored on numbers of childhood TB cases diagnosed, numbers and proportion of household contacts screened and referred for diagnosis; number and proportion of TB cases diagnosed.	**Accomplished:** - Trainings on contact investigation has been conducted to both HC and VHSGs in 352 HCs and 1,828 villages. Tools had been introduced in training and currently used by HC and VHSGs **Not accomplished:** - 1,828 of 5,776 villages under CTB implemented contact investigation when and where index cases were identified.	**Partially met**	Implementation of contact investigation at the community was conducted by HC staff and VHSGs. However, while the recording of the activity has been done by VHSG and HC staff, they are not able to collect the data during this reporting period. Data will be collected next quarter.
Urban strategy: Prison contact investigation	**4.1.3**	- Orientation on contact investigation activity in 10 CTB prisons - Strategy: when prisoners are screened upon entry, all presumptive TB patients are referred to HC by prison staff.	- Documentation of numbers/proportion screened on entry; numbers identified as presumptive TB patients; numbers referred to HC	- Continue the implementation. - Documentation of the implementation of this activity	**- Accomplished:** - Active case finding using CXR and Xpert was performed in 5 prisons. Total of 3,520 inmates were screened in prisons for TB, 203 was identified as presumptive TB and 49 were diagnosed with TB and put on treatment. Contact investigation activities have been conducted in prison cells where inmates were identified as TB smear positives.	**Met**	

Sub-objective 5. Infection control							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
TB-IC implementation in both prisons and health facilities (HF)	**5.1.1**	- Engagement and discussion with director of hospital/HC/prisons and staff on the administrative procedure for TB-IC at 25 HF (first phase). HF will be chosen to implement TBIC, based on an initial assessment to identify the HF with the greatest need for improvement	- Administrative and environmental TBIC factors evaluated and implemented and expanded to additional 30 HF	- An administrative and environment measure implemented and expanded to additional 51 HF.	**- Not accomplished:** TB IC implementation in HF was not implemented in this quarter. However, meeting with directors of hospitals where TBIC will be implemented is organized. - A full orientation on CTB includes IC activities will be conducted during the sign of agreement between FHI 360 and provincial health department. The discussion will be also made between PHD directors to select HC to implement IC at HC level.	**Not met**	Delay in implementation due to competing priority of other activity such as training to staff at RH, HC and VHSGs and contact investigation
Urban strategy: TBIC measures and TB screening among health care workers (HCW) in hospital	**5.2.1**	- Baseline data TB status among HCWs collected (LTBI status, prior active TB, etc.)	- operational guideline prepared - Discussion with hospital directors initiated	- Engagement and discussion with NTP and hospital directors on the TB screening activities in hospital. - 200 HCW will be screened for TB.	**Not accomplished**: - TB baseline data on TB status among HCWs was not collected **- Accomplished**: - Discussion with focal person at CENAT was initiated. We will develop the protocols and will discuss with the director of hospital to conduct the study.	**Partially met**	Delay in implementation due to competing priority of other activity and staff just had been filled up to work.

Sub-objective 6. Management of latent TB infection							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Isoniazid Preventive Therapy (IPT) for children under 5	**6.1.1**	- IPT activity implemented in 345 HCs - monitoring tool developed to ensure compliance with IPT (family and community DOT)	- Expansion to additional 66 HCs (total coverage is 411 HCs). - Monitoring conducted to determine compliance with algorithm and IPT	- Coverage areas maintained	**Not accomplished:** - IPT activities were not reported in the reporting period **Accomplished:** - IPT compliance monitoring tools were developed - Contact investigation was implemented in May.	**Partially met**	- IPT activities was Implemented in 152 HCs but the data was not able to collect during this reporting period as the activity has just started and will report in next quarter.

Sub-objective 7. Political commitment and leadership							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
National strategic plan on TB control finalized	**7.1.1**	TA for finalization of NSP on TB control	Finalization of NSP on TB control	NSP on TB control finalized, endorsed, and implemented	NSP on TB control finalized.	**Met**	

Sub-objective 8. Comprehensive partnerships and informed community involvement							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		

Key staff of CTB be a member of Cambodia Coordinating Committee (CCC) and Principal Recipient of Technical Review Panel (PRTRP) of GF	**8.2.1**	CTB staff attended CCC and quarterly PRTRP meetings and provide inputs on both technical and financial areas	- Evaluate GFATM implementation and provide input to improve quality and progress toward targets with the goal to improve GFATM ratings	- Continue to provide inputs on implementation, progress toward targets, as well as integration with USAID-funded projects (CTB, QHS, ECH)	**Accomplished:** - CTB staff attended PRTRP to review the GF report prepared by CENAT. CTB representative provided inputs to improve the report and program. WHO TO also met with GF portfolio manager to provide technical inputs on program implementation particularly on semi-active case finding and the improvement of case notification of MDR TB	**Met**	

Sub-objective 10. Quality data, surveillance and M&E							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
e-TB manager for PMDT	**10.1.1**	TA for improvement of the new feature	Preparation of handover	e-TB manager functions well and prepare handover	- **Not accomplished**: - No TA trip organized during the reporting period. - Discussion between Health Information Policy and Advocacy and Challenge TB had been made on the transition plan. CENAT director's decision had been made and e-TB Manager was selected to be used as TB electronic health information and management system.	**Partially met**	Trip of MSH's STTA had been approved and Mr. Ricardo had delayed due to the availability of staff until July to customize the system and make it more user-friendly. Handover preparation of the system is underway.

e-TB manager for PMDT	**10.1.2**	Meeting with MSH and Future Group on the transition plan organized	A continue meeting with both organization organized - Milestone of transition tracked toward the target	- Futures Group demonstrating capacity and skills to support e-TB Manager (will need MSH to evaluate)	**- Accomplished:** Meetings organized with Futures group and CENAT to ensure smooth transition of e-TB manager. A detailed timeline will made during Mr Ricardo's trip next quarter. **- Accomplished:** CENAT director and his team visited the Philippines to see a non e-TB manager system.	**Met**	
Data Quality Assessment (DQA)	**10.1.3**	Development of DQA guidelines and tools	Field testing the DQA tools in selected ODs Training DQA tools to OD supported sites	Implementation of DQA in CTB OD supported sites	**Accomplished:** - DQA (data verification) tool was developed and finalized. **Partly accomplished:** Field testing of tools that have been tested, and training to OD levels will be conducted next quarter .	**Partially met**	The focal person at CENAT was very busy and there was competing task such as trainings for RH, HC and VHSG.
Drug Resistance Surveillance	**10.2.1**	Development of technical working group to assist in preparation of protocol	Drafting the protocol	Near-final draft of DRS distributed to TWG and circulated for comments	- **Not accomplished:** Meeting with Dr. Eang, CENAT, to discuss about the survey plan. TWG will be formed to develop the study protocol.	**Not met**	These decisions are under control of Dr Eang, CENAT, who has agreed that DRS will be developed between July and the end of calendar year. This means that the protocol won't be developed by the end of this fiscal year.

Sub-objective 11. Human resource development							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Training to C-DOT volunteers, health center and OD staff (the majority of training sessions are part of the trainings of rural and urban strategy	**11.1.1**	- Joint integrated trainings will be conducted for C-DOTs volunteers, HC/OD staff. - At least 5,309 persons trained on TB related activities.	- Additional 774 persons trained on TB related activities in this quarter	- Maintain the coverage areas but improve the quality of intervention through meetings with HC staff and C-DOT volunteers and supportive monitoring	**Accomplished:** - There were 45 training sessions for 851 staff at RH, and HC ; and 124 training sessions for VHSGs held during this reporting period	**Partially met**	The training was not able to conduct in period of Oct to Mar. so it is difficult to catch up the target as planned with this quarter.
Training to C-DOT volunteers, health center and OD staff (the majority of training sessions are part of the trainings of rural and urban strategy	**11.1.2**	- Site visits identified based on the report of programmatic data - At least 8 comprehensive monitoring visits conducted from NTP and CTB staff - monitoring support conducted to ensure the quality of training/ meeting, quality of data, report and recording	- Monitoring visit reports shared with CENAT, solution proposed for program improvement - Additional 8 comprehensive monitoring visits made to field where critical issues identified - Monitoring of performance, tracking targets and indicators, quality assurance from central level - Build system for self-	- Follow up action on solution - Additional 7 comprehensive monitoring visits conducted - Continue to build system of self-assessment/monitoring, develop performance-based recognition (not per diem-based reward), - train trainers (pilot QStream collaborating with QHS for hospital system)	**Accomplished:** - There were 350 on site monitoring activities held during this reporting period. The monitoring visits were conducted both to training and implementation of contact investigation and semi activities case finding in pagoda. There were 12 core trainers and Provincial Health TB Supervisors conducted the supportive supervision. Feedback are provided to HC and OD level.	**Met**	

		system. Coaching volunteers to use checklists to monitor their own performance (contact investigation, patient education for sputum collection) and also HC staff to ensure algorithm of each intervention area are applied consistently.	assessment/monitoring (simple checklists), develop performance-based recognition (not per diem-based reward); identify high performers who can train others				

3. Challenge TB's support to Global Fund implementation in Year 1

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., Tuberculosis NFM - MoH)*	**Average Rating***	**Current Rating**	**Total Approved Amount**	**Total Disbursed to Date**	**Total expensed** *(if available)*
Period 13, Tuberculosis – NFM, CENAT	A2	A1	$ 15,664,272	$ 8,073,508	

** Since January 2010*

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

- CENAT needs to share with the Global Fund an analysis of the issues relating to the steep 50% fall in diagnosis and notification of MDR-TB cases in quarter 1, 2015. CENAT needs to submit a reprogramming request, which includes the mitigating actions needed to address this issue as soon as possible and with a matter of urgency.
- CENAT needs to share with the Global Fund and with USAID the protocol for enhanced case finding to ensure that activities are aligned across the different ODs, regardless of whether they are covered through USAID or GF funds.
- Please note that CENAT cannot initiate the procurement of Second Line Drugs (SLD) without having reviewed and approved updated quantifications for SLDs. CENAT needs to submit to a draft expansion plan for SLDs by mid-May with the updated quantification, and the final plan should be finalized and approved by June.
- CENAT needs to submit a draft of the expansion plan for Xperts distribution and utilization of the machines by December 2015.
- CENAT needs to share with the Global Fund the final draft of the National M&E Plan. CENAT needs to draft an implementation plan/outline of the steps and timelines to introduce the system for electronic TB reporting by end of July 2015.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

- WHO and FHI 360 has already investigated the reasons for the steep fall in MDR-TB case finding. The main reason is that the mechanism of reimbursement of costs for sputum transport is not working. The WHO has already suggested to CENAT to use the strong Health Equity Fund mechanism for reimbursement rather than operate a parallel mechanism that is not working well. CENAT is considering the options it has.
- The WHO, CTB partner, is part of the committee that is working on the organogram and plan for the government to take over the HR costs after 2017.

- The WHO, CTB partner, has already shared the protocol for enhanced case finding with the Global Fund and USAID. (The protocol was part of the Concept Note). FHI 360 also shared the activities description on Semi-Active Case Finding to CENAT and the USAID Mission.
- The WHO, CTB partner, has already drafted an expansion plan for Xpert.
- The WHO, CTB partner, has already drafted the National M&E Plan for CENAT. It also continues to provide technical assistance to CENAT and Futures Group (USAID-contracted) for the introduction of the electronic recording and reporting system. CTB plays a facilitation roles in bridging the transition of eTB manager from MSH to CENAT and FUTURE Groups by end of Sept 2015.
- Global Fund officers visited Cambodia every month between April-June 2015. The WHO Medical Officer (Stop TB) met them every time on many issues – not just for the TB grant but also for many cross-cutting issues related to the other three grants of HIV, malaria and health system strengthening. The discussion were on drug resistant TB, childhood TB, supervision, case-finding for TB through enhanced case-finding and Xpert testing.

4. Success Stories – Planning and Development

Planned success story title:	**Detect TB among Neglected High Risk Group at Pagoda**
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	HC staff and Village Health Support Group conducted symptom screening, collected sputum smear from presumptive TB patients in pagoda where elderlies gather for worship and offered food to monks.
Status update: draft shared with PMU	

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	31	41	5 patients were confirmed RR-TB on the first Xpert test but did not show RR –TB on second Xpert test. Therefore, they were not initiated on MDR-TB regimen due to low risk population. Those patients are under close monitoring on their treatment outcome. During two quarters, the MDR case notification is low compare to same quarter last year. This may due to limited field monitoring support due to the delay in approval of GFATM. The field monitoring may help to solve any critical issue at field level and will encourage/motivate field staff to continue their works. (numbers for 2011-2013 include RR-TB)
Total 2011	56	83	
Total 2012	117	110	
Total 2013	131	121	
Total 2014	121	110	
Jan-Mar 2015	20	17	
Apr-Jun 2015	21	19	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	41	36	

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presen-tation received	Summary report received	Final report received	Additional Remarks (Optional)
1	FHI 360	2.1.1	Anh Innes	Meet with collaborative partners to identify synergy efforts among USAID's partners	2 Feb 2015	Complete	7 Feb 2015	5	Yes	Yes	Yes	
2	FHI 360	2.1.1	Anh Innes	Technical supervision to review implementation, provide input on teaching, training and monitoring for TB prevention, diagnosis, and management activities. Meeting with collaborators and partners to discuss joint activities (URC, HIPA, MSH, WHO, RACHA)	11 May 2015	Pending		7	Choose an item.	Choose an item.	Choose an item.	- Technical supervision was instead provided by Anh using bi-weekly conference calls with the country project director until May, then transitioning to Dr Carol Hamilton, who is similarly providing support by email, conference calls.

3	FHI 360	2.1.1	Dr Carol Hamilton	Technical supervision to assist in strategic development and planning for FY16.	Jul 8 to 12, 2015	Pending		5	Choose an item.	Choose an item.	Choose an item.	Trip will be scheduled in Jul
4	KNCV	2.1.1	TBD (TA from Nicol Kalisvaart or Job van Rest)	Technical supervision		Pending		20	Choose an item.	Choose an item.	Choose an item.	
5	MSH	10.1	L. Reciolino	Well functioning case or patient-based electronic recording and reporting system is in place	Jul 13, 2015	Pending		15	Choose an item.	Choose an item.	Choose an item.	Trip will be scheduled in Jul
6	MSH	10.1	B. Assefa	Well functioning case or patient-based electronic recording and reporting system is in place		Pending		15	Choose an item.	Choose an item.	Choose an item.	Handover system to CENAT
Total number of visits conducted (cumulative for fiscal year)								1				
Total number of visits planned in approved workplan								6				
Percent of planned international consultant visits conducted								17%				